

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

0627307

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3							53								
4		2					54								
5		2					55								
6		2					56								
7		2					57								
8		2					58								
9		2					59								
10		2					60								
11		2					61								
12		2					62								
13		1					63								
14							64								
15							65								
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40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	27						TOTAL DEP.								
TOTAL CLAIMS	29						TOTAL CLAIMS								